

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10593802		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9		/		/			59						
10		/		/			60						
11		/		/			61						
12	/		/				62						
13		/		/			63						
14		/		/			64						
15		/		/			65						
16	/		/				66						
17		/		/			67						
18		/		/			68						
19	/		/				69						
20		/		/			70						
21	/		/				71						
22		/		/			72						
23		/		/			73						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	↓	5	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	19	←	19	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	24		24				TOTAL CLAIMS						